

(1) PLACE OF BIRTH

County of Abbeville

Township of

or
Inc. Town ofor
City of Abbeville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

5579

Registration District No. 1-A Registered No. 22
(For use of Local Registrar)St.; 2nd Ward(No. Alley)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hellen Brown Zimmerman If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? no (7) DATE OF BIRTH Mar 24 1915
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Ed Brown(9) PRESENT POSTOFFICE OF FATHER Dead(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 73 (Years)(12) BIRTHPLACE Abbeville, D.C.

(13) OCCUPATION

(20) Number of children born to mother, including present birth {

(21) Number of children of this mother now living, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Zimmerman(15) PRESENT POSTOFFICE OF MOTHER Abbeville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Abbeville, County(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:00 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) E. G. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Abbeville, D.C.

Given name added from a supplemental report

....., 191.....

....., 191.....

....., 191.....

....., 191.....

....., 191.....

....., 191.....

....., 191.....

....., 191.....

....., 191.....

....., 191.....

....., 191.....

(26) Witness T. G. Perrier

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 26 1915 (28) T. G. Perrier Local Registrar(27) Filed Mar 26 1915 (28) T. G. Perrier Local Registrar(27) Filed Mar 26 1915 (28) T. G. Perrier Local Registrar(27) Filed Mar 26 1915 (28) T. G. Perrier Local Registrar(27) Filed Mar 26 1915 (28) T. G. Perrier Local Registrar(27) Filed Mar 26 1915 (28) T. G. Perrier Local Registrar(27) Filed Mar 26 1915 (28) T. G. Perrier Local Registrar(27) Filed Mar 26 1915 (28) T. G. Perrier Local Registrar(27) Filed Mar 26 1915 (28) T. G. Perrier Local Registrar(27) Filed Mar 26 1915 (28) T. G. Perrier Local Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.